

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy**

1 Inpatient Hospital:

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery. Diet therapy for exogenous obesity shall not be reimbursed.

Hospitals will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. This procedure will not be mandatory for Medicare/Medicaid eligible recipients.

Prior authorization will be required for inpatient hospital services provided outside New Jersey, except for emergencies and interstate hospital transfers from a New Jersey hospital to an out-of-State hospital. In such emergencies and transfers, the attending physician's certification must attest to the nature of the emergency or to the unavailability of medically necessary services within a reasonable distance within New Jersey. This requirement will not apply to Medicaid recipients residing out-of-State at the discretion of the State.

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

94-18-MA (NJ)

TN 94-18 APPROVED OCT 24 1994
Supersedes TN 92-19A ENHANCED JUL 25 1994

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Addendum to
Attachment 3.1-A
Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

- 4(a). Prior authorization is required for all Medicaid eligible individuals seeking admission to a Medicaid participating SNF.

89-5-MA (NJ)

TN ~~89-5-MA~~ Approval Date JAN 13 1993

Supersedes TN **New** Effective Date OCT 1 - 1989

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2(a) Outpatient Hospital:

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery.

The use of outpatient hospital services shall be limited to services normally rendered in the outpatient department.

Hospitals will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. This procedure will not be mandatory for Medicare/Medicaid eligible recipients.

Prior authorization is required for outpatient hospital services provided outside New Jersey, except for emergencies and interstate transfers from a New Jersey outpatient treatment facility to an out-of-State facility. In such emergencies and transfers, the attending physician's certification must attest to the nature of the emergency or to the unavailability of medically necessary services within a reasonable distance within New Jersey. This requirement will not apply to Medicaid recipients residing out-of-State at the discretion of the State.

Prior authorization is required for partial hospitalization after the first 90 calendar days from the first day of service. Approval may be granted for periods not to exceed six months.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) * Post-exposure prophylaxis; or
- (3) * Selected high-risk groups.

* Regardless of age

HealthStart services are limited to pregnant women and dependent children under the age of two.

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

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2(b) Rural Health Clinic Services:

Not Provided.

92-19-MA (NJ)

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Addendum to
Attachment 3.1-A
Page 2(c)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Categorically Needy

2(c) Federally Qualified Health Center Services:

Any limitation imposed upon clinic services generally are applicable to FQHCs when applied to services other than those billed under the medical encounter procedure code.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) *Post-exposure prophylaxis; or
- (3) *Selected high-risk groups.

*Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Expanded adolescent family planning services, including provisions for risk behavior assessment; contraception education and counseling; health education and counseling; and care management activities are limited to individuals under 21 years of age.

95-31-MA (NJ)

TN 95-31

Approval Date DEC 22 1995

Supersedes TN 94-18 Effective Date JUL 01 1995

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
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Provided with the same limitations as FQHC's.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) * Post-exposure prophylaxis; or
- (3) * Selected high-risk groups.

* Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

94-18-MA (NJ)

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3 **Laboratory Services:**

Physicians operating their own office labs are limited to providing laboratory services for the Medicaid patients they are treating.

Independent clinical laboratories must be licensed by the New Jersey Department of Health or the licensure agency of their own state, and must be certified by Medicare. State, county and municipal laboratories must be licensed.

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

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OFFICIAL

Addendum to
Attachment 3.1-A
Page 3(a)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
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3(a) X-Ray Services:

X-Rays require a referring physician in the outpatient hospital setting.

Portable x-ray services are available in long-term care settings or in emergency situations.

X-Rays can be taken in all settings except boarding homes and independent laboratories.

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

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4(a) Nursing Facility (NF) Services:

Prior authorization is required for all Medicaid-eligible individuals seeking admission to a Medicaid-participating NF.

Prior authorization is required on an individual basis for all New Jersey Medicaid eligibles seeking placement in an out-of-state NF.

A resident of a nursing facility that is certified for both Medicare and Medicaid shall be placed in a Medicare-certified bed when this coverage is available. In some instances, a nursing facility resident who is occupying a Medicare-certified bed but is not eligible for reimbursement may be relocated to allow the newly admitted patient to occupy a Medicare-certified bed. In accordance with 42 C.F.R. 483.10, such relocation shall only occur when the individual agrees to the relocation. The nursing facility shall provide sufficient preparation and orientation to the resident to ensure a safe and orderly transfer.

98-25-MA (NJ)

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OFFICIAL

Addendum to
Attachment 3.1-A
Page 4(c)

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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4(c) Family Planning Services and Supplies:

Family planning services and supplies are provided.

Norplant system is a covered Medicaid service, except (1) within ambulatory surgical centers and (2) in the inpatient hospital setting. Reimbursement is limited to two (2) insertions and two (2) removals during a five-year period.

Coverage is not provided for the Norplant system in conjunction with any other form of contraception.

Depro-Provera Contraception Injection is provided without prior authorization.

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Expanded adolescent family planning services, including provisions for risk behavior assessment; contraception education and counseling; health education and counseling; and care management activities are limited to individuals under the age of 21 and to Family Planning Clinics and Federally Qualified Health Centers certified by the Department of Health to provide these services.

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